

Access Underwriting

MOTOR CYCLE INSURANCE PROPOSAL

Insurer/Underwriter:		
Policy No.	Agency:	Agency No.
Broker Reference:	Inception Time	Inception Date

Please answer ALL questions carefully and correctly and remember that it is an offence under the Road Traffic Act to make any false statement or withhold any material information for the purpose of obtaining a certificate of motor insurance. *Any alteration must be initialled.*

1. YOUR DETAILS BLOCK CAPITALS PLEASE

Full Name of Proposer: _____
 Postal Address: _____

Postcode: _____ Tel. No. _____

Business or Occupation: (including any part time) _____

Will the motorcycle be used in connection with any form of courier service or fast food delivery? YES* NO

Is your motorcycle kept at the above address? YES - If NO state where and why: _____ Is the motorcycle used for commuting? If Yes state parking details and security over YES* NO

2. YOUR MOTOR CYCLE IF YOU TICK A SHADED BOX, PLEASE GIVE DETAILS OVERLEAF*

	Make & Model & C.C	Year of Registration	Registration Number	Date of Purchase	Estimated Value	Mileometer reading	Est. Annual Mileage
1.							
2.							

a) Are you the sole owner/registered keeper of the motorcycle? YES NO*

b) Is your motorcycle kept in a locked, brick, stone or concrete built garage? YES NO*

c) Has your motorcycle been modified or altered from the maker's standard specification? YES* NO

d) Do you own or have regular use of any other vehicle? YES* NO

e) Do you carry pillion passengers on the motorcycle? YES* NO

f) Detail *all* Security devices and measures used to secure the motor cycle against theft both at the garaging address and elsewhere:

Please ensure you read and understand the Security Declaration overleaf.

3. RIDERS PLEASE GIVE YOUR DETAILS AND THOSE OF ANY OTHER PERSONS WHO WILL DRIVE THE MOTOR CYCLE

Title	Full Name	Date of Birth	Full UK Motor Cycle Licence Held?	Date UK Test passed (month/year)	Years resident in UK	Business or Occupation (inc. part time)
Proposer			YES			
Others	None		YES/NO			
			YES/NO			

Have you or any rider detailed: **IF YOU TICK A SHADED BOX, PLEASE GIVE DETAILS OVERLEAF***

a) been refused insurance or had any special terms or conditions imposed by any Insurer? YES* NO

b) been involved in any motor accident or loss within the last 3 years? YES* NO

c) been convicted of any offence within the last 5 years, or is any prosecution pending? YES* NO

d) ever been disqualified from driving, or been convicted of any other motoring offence not yet rehabilitated? YES* NO

e) ever suffered from physical defects or infirmity, defective vision or hearing, mental, cardiac, epileptic, diabetic, or alcoholic condition or been advised not to drive on medical grounds? YES* NO

4. COVER AND USE

Use for social domestic and pleasure purposes. Commuting to and from a permanent place of work by the Proposer in person can be included subject to details of security of workplace parking. **Excluding** business use, use for hire or reward, soliciting for orders, racing, pacemaking, competitions, track use, speed testing, any form of courier service/fast food delivery or use in the motor trade.

Cover required: Bike 1 Bike 2 Breakdown Recovery

Will the motor cycle be used outside the United Kingdom, If YES please give details and frequency below: YES NO

5. EXPERIENCE AND STATUS

State name and policy no. of previous Insurers:

No. of years No Claim Discount: year(s)
Expiry Date: / /

If you have purchased the motor cycle within the last year, please give details of the motor cycles, including length of ownership, that you have ridden during the last two years:

Do you own your own living accommodation? YES NO

Marital Status:

Have you or any rider named overleaf passed an Advanced Rider Qualification?

YES NO

If YES, please state rider, qualification date, class or level and date gained:

You may cover additional motorcycles on this policy. Please provide full details as required by sections 2 and 4.

6. ADDITIONAL INFORMATION

Please use this space for details where a shaded box has been ticked or to expand on other answers.

Clearly identify the questions being answered i.e. 3 e)

DISCLOSURE: You are reminded of the need to disclose any facts which are likely to influence the acceptance and assessment of the Proposal by the Underwriters. If you have any doubts as to whether certain facts are relevant, they should be disclosed as failure to disclose all relevant facts may invalidate cover or may result in cover not operating fully. It is an offence under the Road Traffic Acts to make any false statements or withhold any material information for the purpose of obtaining a certificate of motor insurance. You are recommended to keep a copy of all information supplied (including copies of letters) for the purpose of entering into this contract. You may apply for a copy of this form at any time in the next three months. Under UK law you have a free choice of law but in the absence of further agreement English Law will apply.

SECURITY DECLARATION: I declare that I own the security device(s) described overleaf and that it/they will be utilised as appropriate when the motorcycle is not being ridden or is out of use. I undertake to advise the Underwriters if the devices are no longer owned or used. I understand that misrepresentation of the security device(s) could invalidate my insurance.

GENERAL DECLARATION: Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. When we deal with your request for insurance, we may search these registers. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. When you tell us about an incident, we will pass information relating to it to the registers.

Your insurance cover details will be added to the Motor Insurance Database (MID), run by Motor Insurers' Information Centre (MIIC). This has been set up to help identify uninsured drivers, and may be searched by the police to help confirm who is insured to drive. If there is an accident, the MID may be used by insurers, MIIC and the Motor Insurers Bureau to identify relevant policy information. Persons with a valid claim in respect of a road traffic accident (including citizens of other countries) may also obtain relevant information held on the MID. You can ask us for more information about this or at www.miic.org.uk. You should show this notice to anyone insured to drive the vehicle covered under the policy.

We may also make enquiries with credit reference agencies, who may note that an enquiry has been made about you. We may also request you to produce your driving licence and vehicle documents to us.

I understand that you will pass the information on this form and about any incident I may give details of to IDS Ltd and ABI, so that they can make it available to other insurers. I also understand that, in response to any searches you may make in connection with this application or any incident I have given details of, IDS Ltd and ABI may pass you information it has received from other insurers about other incidents anyone insured to drive the vehicle covered under the policy have been involved in.

I consent to the seeking of information from other insurers, credit and other information agencies to check the answers I have provided and for the purpose of renewing my policy and I authorise the giving of such information. I declare that to the best of my knowledge and belief the information given on this form is correct and complete and that no information has been withheld that might influence the Underwriters acceptance and assessment of this insurance.

Proposer's Signature confirming the Declarations above:

Date:

FOR DETAILS OF THE COVER PROVIDED BY THIS POLICY, PLEASE ASK FOR A SPECIMEN WORDING.

CANCELLATIONS: REFUNDS ARE NOT CALCULATED ON A PRO-RATA BASIS. ANY REFUND IS ONLY ALLOWED IF NO CLAIMS HAVE ARISEN AND THE POLICY HAS BEEN VALID FOR 6 MONTHS OR LESS. IF OVER 6 MONTHS THE FULL ANNUAL PREMIUM IS PAYABLE.